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21125 7590 01/25/2007

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THOMAS J. ENGELLENER (Depositor's name)
 [Signature] (Signature)
 23 APRIL 2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/776,686	02/10/2004	Gregory B. Altshuler	105090-0237	3811

TITLE OF INVENTION: MULTI-DIRECTIONAL ORAL PHOTOTHERAPY APPLICATOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	04/25/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON III, HENRY M	3739	607-080000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Thomas J. Engellenner

2 Reza Mollaaghababa

3 Nutter, McClennen & Fish LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Thomas J. Engellenner

Registration No.

28,711

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